

## UNITED STATE: DEPARTMENT OF COMMERCE Patent and Trademark Office Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, U.C. 20231

SERIAL NUMBER FILING DATE	FIRST NAMED APPLICANT	TA T	TORNEY DOCKETT NO.
Ø8/303,950 Ø9/09/94	HESS	В	
-		MULLEN, TEX	MINER
	E6M1/0624		
STANDLEY AND GILCREST 555 METRO PLACE NORTH		ARTUNIT	PAPER NUMBER
SUITE 500			//
DUBLIN OH 43017		2617 DATE MALED:	10
EXAM	INER INTERVIEW SUMMARY RE	CORD	06/24/96
il participants (applicant, applicant's representative, PTC	personnel):		
. Mr. Mullen, Examine	2 (9)		• .
Mas Standley Att	Λ/4. <i>Q</i> \ <i>I</i>		
alvir stancey, nilo	(A) (4)	<del>.</del>	
Date of Interview Julie 19, 199	<i>b</i>	•	
Type: X Tetephonic D Personal (copy is given to C	3 applicant   13 applicant's representative)	•	
Exhibit shown or demonstration conducted: 🗆 Yes 🐧	No. If yea, brief description:	· · · · · · · · · · · · · · · · · · ·	i
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dentification of prior art discussed:			<del></del>
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Description of the general nature of what was agreed to it	an agreement was reached, or any other	comments: Agreed	that amenda
fled 5/23/96 would b	e extered to or	lace claim	5 11-14 in
	25 20 20 1 #	- / : /	0 1 0
Condition for allowand	ce) agreed mai	ciaims (-	7 and 15
would be concelled, a	nd various propo	sed drawing	Changes
were acreed to by t	Examiner's Ame	ndmont.	• 7
A tutler description, if necessary, and a copy of the amer	dments, if evallable, which the examiner a	greed would render the claim	ms allowable must be
attached. Also, where no copy of the amendments which	would render the claims allowable is avail	able, a summary thereof mu	st be attached.)
B1. It is not necessary for applicant to provide a sepa			
Unisss the paragraph below has been checked to indicat WAIVED AND MUST INCLUDE THE SUBSTANCE OF T action has already been filed, then applicant is given one	HE INTERVIEW (e.g., Items 1-7 on the re	verse side of this form). If a	response to the last Office
Since the examiner's interview summary above requirements that may be present in the last Office action. box 1 above is also checked.	os action, and since the claims are now al	lowable, this completed form	is considered to fulfill the
, PTOL-413 (REV. 2-93)	Examiner's	Signature / C	mer g
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